

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/955657

FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | 4/8/05 | | 9-6-05 | |
|-----------------|------|------------------------|------|------------------------|------|-----------------|------|--------|------|
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | / | / | | | 61 | / | / | / |
| 2 | / | / | / | | | 62 | / | / | / |
| 3 | / | / | / | | | 63 | / | / | / |
| 4 | / | / | / | | | 64 | / | / | / |
| 5 | / | / | / | | | 65 | / | / | / |
| 6 | / | / | / | | | 66 | / | / | / |
| 7 | / | / | / | | | 67 | / | / | / |
| 8 | / | / | / | | | 68 | / | / | / |
| 9 | / | / | / | | | 69 | / | / | / |
| 10 | / | / | / | | | 70 | / | / | / |
| 11 | / | / | / | | | 71 | / | / | / |
| 12 | / | / | / | | | 72 | / | / | / |
| 13 | / | / | / | | | 73 | / | / | / |
| 14 | / | / | / | | | 74 | / | / | / |
| 15 | / | / | / | | | 75 | / | / | / |
| 16 | / | / | / | | | 76 | / | / | / |
| 17 | / | / | / | | | 77 | / | / | / |
| 18 | / | / | / | | | 78 | / | / | / |
| 19 | / | / | / | | | 79 | / | / | / |
| 20 | / | / | / | | | 80 | / | / | / |
| 21 | / | / | / | | | 81 | / | / | / |
| 22 | / | / | / | | | 82 | / | / | / |
| 23 | / | / | / | | | 83 | / | / | / |
| 24 | / | / | / | | | 84 | / | / | / |
| 25 | / | / | / | | | 85 | / | / | / |
| 26 | / | / | / | | | 86 | / | / | / |
| 27 | / | / | / | | | 87 | / | / | / |
| 28 | / | / | / | | | 88 | / | / | / |
| 29 | / | / | / | | | 89 | / | / | / |
| 30 | / | / | / | | | 90 | / | / | / |
| 31 | / | / | / | | | 91 | / | / | / |
| 32 | / | / | / | | | 92 | / | / | / |
| 33 | / | / | / | | | 93 | / | / | / |
| 34 | / | / | / | | | 94 | / | / | / |
| 35 | / | / | / | | | 95 | / | / | / |
| 36 | / | / | / | | | 96 | / | / | / |
| 37 | / | / | / | | | 97 | / | / | / |
| 38 | / | / | / | | | 98 | / | / | / |
| 39 | / | / | / | | | 99 | / | / | / |
| 40 | / | / | / | | | 100 | / | / | / |
| 41 | / | / | / | | | | | | |
| 42 | / | / | / | | | | | | |
| 43 | / | / | / | | | | | | |
| 44 | / | / | / | | | | | | |
| 45 | / | / | / | | | | | | |
| 46 | / | / | / | | | | | | |
| 47 | / | / | / | | | | | | |
| 48 | / | / | / | | | | | | |
| 49 | / | / | / | | | | | | |
| 50 | / | / | / | | | | | | |
| TOTAL IND. | 5 | 5 | 5 | | | TOTAL IND. | 5 | 6 | |
| TOTAL DEP. | 20 | 20 | 20 | | | TOTAL DEP. | 20 | 19 | |
| TOTAL CLAIMS | 25 | 25 | 25 | | | TOTAL CLAIMS | 25 | 25 | |